

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584,031

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1						52					
3		1						53					
4		2						54					
5		2						55					
6		2						56					
7		2						57					
8		2						58					
9		2						59					
10		2						60					
11		2						61					
12		2						62					
13		2						63					
14		2						64					
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17		2						67					
18		2						68					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.													
TOTAL DEP.	17												
TOTAL CLAIMS	18												